

[ Insert Logo Here ]

## NOTICE OF MEDICARE NON-COVERAGE

THE EFFECTIVE DATE YOUR *{INSERT TYPE}* SERVICES WILL END:  
*{insert effective date}*

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- Your Medicare+Choice (M+C) plan believes that you will no longer have Medicare coverage of these services after the effective date of this notice. You may have to pay for any *{insert type}* services you receive after that date.
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### YOUR RIGHT TO APPEAL THIS DECISION

- You have the right to an immediate, independent medical review (appeal) of the decision to end coverage of these services while your services continue.
  - If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer will also look at your medical records or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
  - If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this form only after you request an appeal.
  - If you choose to appeal, and the independent reviewer agrees that services should no longer be covered after the effective date, neither Medicare nor your M+C plan will pay for these services after that date.
  - If you stop services no later than the effective date indicated on this form, you will avoid financial liability.
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### HOW TO ASK FOR AN IMMEDIATE APPEAL

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date of this notice.
- The QIO will notify you of its decision as soon as possible, generally by no later than the effective date of this notice.
- Call your QIO at: *{insert name and number of QIO}* to appeal, or if you have questions.

**See the back of this form for more information.**

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**OTHER APPEAL RIGHTS:**

- If you miss the deadline for requesting an immediate appeal with the QIO, you still may request an expedited appeal from your M+C plan.
- Contact your M+C plan or 1-800-MEDICARE (1-800-633-4227), or TTY/TDD: 1-877-486-2048 for more information about the M+C appeals process.

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Please sign below to indicate that you have received this notice.

I have been notified that Medicare coverage of my services will end on the effective date of this notice and that I may appeal this decision by contacting my QIO.

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**Signature of Patient or Authorized Representative**

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**Date**